QUESTIONNAIRE
TOBACCO SMOKE RETENTION PROJECT

Test Subject: F Marital Status (S M W D)

Address Hillards, Ohio Sex Male

Age 30 Occupation Engineer Date

Height (in.) 70 Weight 190

1. Do you smoke? Yes X No

2. Have you ever smoked? Yes X No

If yes, what type, quantity and duration of smoking?

Filter cigarettes, 1-1/2 pack a day, 1 year

No filter cigarettes, 1 pack a day, 10 years

3. Do you now have a respiratory illness? (cold, bronchitis, flu, virus, etc.) Yes ____ No X

4. Have you recently had a respiratory illness? Yes ____ No X

5. Do you have any of the following diseases or symptoms?

	Yes	No		Yes	No
Influenza	____	X	Heart Disease	____	X
Pneumonia	____	X	Cough	____	X
Sinusitis	____	X	Expectoration	____	X
Asthma	____	X	Wheezing	____	X
Tuberculosis	____	X	Shortness of Breath	____	X
Other Respiratory Disease	____		Chest Pain	____	X

Explain yes answers: